

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09762106

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1		51						
2						1	52						
3						1	53						
4						1	54						
5						1	55						
6						1	56						
7						1	57						
8						1	58						
9						1	59						
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18						1	68						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					1		TOTAL IND.						
TOTAL DEP.					4		TOTAL DEP.						
TOTAL CLAIMS					10		TOTAL CLAIMS						